

TAKE ONE**MAKE ONE™**

S T U D E N T

*Waiver and Release from Liability for the **Take One Make One™** Program*

I hereby forever **RELEASE AND DISCHARGE** the South Carolina Department of Natural Resources, its employees and agents, from any and all liabilities, claims, demands, or causes of action that I may hereafter have for injuries and damages arising out of my participation in the activities of the **Take One Make One™** program.

I further agree that **I WILL NOT SUE OR MAKE A CLAIM** against the released parties for damages or other losses sustained as a result of my participation in the **Take One Make One™** program. I also agree to **INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS** from all claims, judgments, and costs including attorney's fees, incurred in connection with any action brought as a result of my participation in the **Take One Make One™** program.

I understand that because of the risks involved in the activities of the **Take One Make One™** program, the **RELEASED PARTIES** are making no warranty of any kind, express or implied, concerning any and all equipment or facilities provided by the **RELEASED PARTIES**. Outdoor activities can be dangerous and associated equipment such as rifles, shotguns, firearms ammunition, archery equipment, and motor vehicles do not always function the way they are expected to perform.

As part of the consideration for my being allowed to participate in the activities of the **Take One Make One™** program, **I PROMISE NOT TO SUE** any of the released parties for any cause of action whatsoever.

My signature or that of my parent or legal guardian below certifies that I have read this form carefully and that I understand the risks associated with the activities of the **Take One Make One™** program.

(Please print in ink.)

Participant Name: _____

Signature: _____ Date: _____

Age: _____ Race: _____

Telephone: _____ White ☐ Hispanic ☐ Other ☐

Black ☐ Asian ☐

Parent/Guardian Name: _____

Signature: _____ Date: _____

Telephone: _____

***Parent/Guardian may have to provide transportation to and from hunting/fishing areas.**



TAKE ONE**MAKE ONE™****S T U D E N T A P P L I C A T I O N****YES, SIGN ME UP! I WANT TO BE PART OF The TAKE ONE MAKE ONE™ Program**

Name: _____ Date of Birth: _____ Age: _____

Address: _____

Street

City

State

Zip

Telephone: _____ Fax: _____

E-mail: _____ School: _____

Social Security _____

List any medical conditions such as allergies that the SCDNR needs to be aware of _____

Name of parent guardian: _____

Emergency contact number: _____

Are you Hunter Education certified? Yes ☐ No ☐ If so, in which state? _____

1. Have you ever hunted/fished before? _____ If so, what did you hunt? _____

If so, how many years? _____

2. Have you ever harvested an animal? _____ If so, what type? _____

3. What type of hunting/fishing are you most interested? *(Please circle all that apply)*

Deer

Bear

Turkey

Waterfowl

Quail

Dove

Hog

Squirrel

Raccoon

Rabbit

Fox

Other _____

Freshwater Fish

Saltwater Fish

4. Which hunting methods interest you most? *(Please circle all that apply)*

Muzzleloading

Bow Hunting

Trapping

Still Hunting

Dog Driving

Other _____

5. What type of hunting/fishing equipment do you have access to? _____

Parent/Guardian may have to provide transportation to and from hunting/fishing areas._____
Student Signature_____
Parent/Guardian Signature*Here's someone else who will want to learn about the Take One Make One™ program.*

Name: _____ Age: _____

School: _____

Home Address: _____

Town: _____

State: _____ Zip Code: _____ Telephone: () _____

Fax: () _____ E-mail: _____

Call **803-734-4011** or go to **www.dnr.state.sc.us**;click on **Education**, **Hunting** or **Special Programs**; then click on **Take One Make One™**.**DNR**